## TSA WAIVER REQUEST FORM FOR FLIGHT TRAINING AND PROFICIENCY



Fax completed forms to (571) 227-1945.
WAIVER APPLICATIONS REQUIRE A MINIMUM OF SEVEN DAYS TO PROCESS
Incomplete or illegible information may result in delays in the processing of this application.

I. COMPANY/AIRCRAFT INFORMATION:  Name of Company:			N:	PREVIOUS WAIVER #				
Mailing Addres	ss:							
Street Address				City/State/Country			Zip Cod	
Company Telephone No				Company Fax No.:				
(Required) Name of Requestor				Telephone Number of Requestor				
Purpose of Flig	jht:							
Please specify	whether flight	is Cargo, Passe	enger or Both	1				
Name and Tele	ephone Number	of Requestor:						
			Name	Name Telephone Number				
Type of Aircraft			Aircraft (	_ Aircraft Call Sign				
Pegistry/Tail N	dumber		Aircraft M	avimum Carl	ified Takeoff Gro	ss Weight:		
I. II. PI	ILOT INFORMA	TION			et City and Countr	·		
Last Name	First Name	Middle Name		City/Country of Birth		Passport Country	Social Security Number	
							_	
	 REW AND PASS - Place of Birtl			; if foreign, I	ist City and Coun	try)		
Last Name	First Name	Middle Name		City/Country of Birth		Passport Country	Social Security Number	
	 	dentifiers/IC	AO code or	l nly) with da	tes of travel: (2	Example: Feb 1	4 – 23. KMIA	
(e)								

## **SECURITY STATEMENT**

Aircra	ft Registration Number:		
Aircra	ft Type:		
I. - -	Please check (X) each requirement  Access to the aircraft has bee A senior company representation passenger. Only authorized passengers	rm to each of the following. On the dat en properly controlled by company repre ative has verified the identity and autho are on board the aircraft. from the approved air traffic flight plan.	esentative(s). rization of each crewmember and
_	The pre-flight inspections in	clude a search of the cargo and cabin are explosives, etc. have been placed on bo	eas
11.		t operational? (Locked hanger, fenced a	
111	How are the personnel on board vett	ed/positively identified/security review	red before boarding the aircraft?
IV.	Additional security measures taken,	if any:	
V	SIGNATURE OF CORPORATE SECURI	TY DIRECTOR, COMPANY PRESIDENT, E	QUIVALENT OR DESIGNEE.
good f fine or	aith. I understand that a knowing and willful f	is true, complete, and correct to the best of my false statement, or an omission of a material fac le 18 United States Code), and may be grounds	t, on this application may be punished by
	Signature	Print Name	Title
	Date	Con	tact Number

## **Privacy Statement**

Authority: 49 U.S.C. § 40103(b) (3) and 49 U.S.C. § 114. FOIA

<u>Purpose:</u> This information primarily will be used to conduct background checks on crewmembers and passengers on flights for which waivers of flight restrictions have been sought from the FAA. You are not required to provide this information, however, failure to do so may result in a denial of the waiver request for the flight, or denial of permission for you to board a flight for which a waiver has been granted

Routine Uses: This information may be provided to third parties, including government contractors and other governmental agencies, as necessary to conduct the background checks. It also may be provided to governmental agencies when relevant for criminal and civil investigations concerning threats to civil aviation security or violations of law, rule or regulations.

Paperwork Reduction Act Burden Statement: Through this information collection, TSA is gathering information about you to facilitate your application for a flight waiver. This is a mandatory collection of information if you wish to obtain a flight waiver over restricted airspace. It is estimated that the total average burden per response associated with this collection can take up to 2 hours per international request and 45 minutes per domestic request. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The control number assigned to this collection is OMB 1652-0033, which expires 9/30/2008."